

YOUR NAME HERE, M.D.

XXXX Main Street

Your Town, VA zip

Home Phone: xxx-xxx-xxxx

Cell Phone: xxx-xxx-xxxx

Date Available:

Current Employer/School

Address

Address

E mail address:

Business/School Phone:

Pager: xxx-xxx-xxxx

OBJECTIVE:

Please write a two or three sentence objective here.

EDUCATION:

Residency Program: name, address, date of attendance, expected date of completion

Medical School: name, address, date of attendance and graduation; type of degree

University/college: name, address, date of attendance and graduation; type of degree

EMPLOYMENT HISTORY:

Moonlighting history: dates, locations; include brief explanations of your responsibilities

Research Assistant: dates, locations; include brief explanation

Any other relevant jobs pertaining to medicine

LICENSURE/CERTIFICATIONS:

Virginia License Number:

American Board of _____: date passed or date of eligibility; number: _____

Any other State License Numbers: _____

A.C.L.S. etc.

HONORS AND ACHIEVEMENTS:

Please include any appropriate awards within the last ten years, including the date, location and from whom. (Do not assume that people reading your cv will automatically know what an award is; you may wish to explain it briefly).

RESEARCH AND PUBLICATIONS:

Briefly list your information from within the past three years only. You may also state:

More detailed information is available upon request

PROFESSIONAL ORGANIZATIONS:

American Academy of _____

American Medical Association

Any other state or professional organizations

VOLUNTEER EXPERIENCE:

List any medically appropriate volunteer work here; include brief description, location, date

PERSONAL INFORMATION:

Nationality:

Place of Birth:

Languages: (Optional category)

Marital Status: (optional category, but sites like this information); children (names and ages)

Hobbies/interests: e.g., reading, listening to music, gardening, hiking